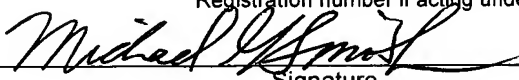


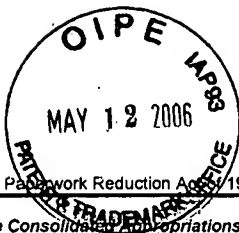
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PTO/SB/22 (12-04)  
Approved for use through 7/31/2006. OMB 0651-0031  
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|   |   |  |                         |
|---|---|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | Docket Number (Optional)<br>219002030100   |                         |
| Application Number<br>10/618,573  |   | Filed<br>July 11, 2003   |                         |
| For: IMPROVED REAGENTS FOR N-AMINATION  |   |  |                         |
| Art Unit<br>1625  |   | Examiner<br>S. Perlinger   |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |  |                         |
|   |   | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | \$120  | \$60                    |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))  | \$450  | \$225                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020   | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590   | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160   | \$1080                  |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |  |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |  |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |  |                         |
| I am the  | <input type="checkbox"/>  | applicant/inventor.  |                         |
|   | <input type="checkbox"/>  | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|   | <input checked="" type="checkbox"/>   | attorney or agent of record. Registration Number <u>44,422</u>   |                         |
|   | <input type="checkbox"/>  | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                |                         |
|    |   | <u>May 8, 2006</u>   |                         |
| Signature   |   | Date   |                         |
| <u>Michael G. Smith</u>   |   | <u>(858) 720-5113</u>  |                         |
| Typed or printed name   |   | Telephone Number   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |  |                         |
| <input checked="" type="checkbox"/>   | Total of <u>1</u> forms are submitted.  |  |                         |

05/15/2006 RMEBRAHT 00000114 031952 10618573

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PTO/SB/17 (01-06)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 450.00

### Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/618,573       |
| Filing Date          | July 11, 2003    |
| First Named Inventor | Babu J. MAVUNKEL |
| Examiner Name        | S. Perlinger     |
| Art Unit             | 1625             |
| Attorney Docket No.  | 219002030100     |

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

#### 2. EXCESS CLAIM FEES

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

Total Claims = Extra Claims x Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims = Extra Claims x Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00

#### SUBMITTED BY

|                   |                  |                                   |             |           |                |
|-------------------|------------------|-----------------------------------|-------------|-----------|----------------|
| Signature         |                  | Registration No. (Attorney/Agent) | 44,422      | Telephone | (858) 720-5113 |
| Name (Print/Type) | Michael G. Smith | Date                              | May 8, 2006 |           |                |